

A

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/826183
APPLICANT(S)

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | . | | . | | . | |
|-----------------|----------|------|------------------------|------|------------------------|------|--|------|------|------|------|------|------|
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| TOTAL DEP. | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |

| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="text-align: right;"> SERIAL NO. 09/826183 FILING DATE _____ APPLICANT(S) _____ </div> </div> | | | | | | | | | | | |
|--|------|------------------------|------|------------------------|------|------------|------|------|------|------|------|
| CLAIMS | | | | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | | * | | * | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 5 | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | 96 | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | 101 | | | | | TOTAL CL. | | | | | |